

STATEMENT OF ECONOMIC INTERESTS

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GOVERNOR'S OFFICE  
LEGAL AFFAIRS

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Schultz	Herb	Kenneth	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
OPTIONAL FAX / E-MAIL ADDRESS			
Herb.Schultz@gov.ca.gov			

1. Office, Agency, or Court

Name of Office, Agency, or Court

Governor's Office

Division, Board, District, if applicable:

Executive Office

Your Position:

Senior Health Policy Advisor

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

4. Schedule Summary

⇒ Total number of pages including this cover page: 5

⇒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☒ Yes - schedule attached  
Real Property

Schedule C ☒ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name _____

**> 1. BUSINESS ENTITY OR TRUST**

Name Levitor Law Group A.P.C.  
520 S. Grand Suite 700 Los Angeles, CA 90071  
Address Avenue  
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

Law Firm  
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☒ \$10,001 - \$100,000        /        / 07        /        / 07  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Sole Proprietorship ☐ Partnership ☒ Corporation  
YOUR BUSINESS POSITION President

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☒ OVER \$100,000  
☐ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 07        /        / 07  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold        ☐ Other         
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

Domestic Partners  
Law Firm

**> 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 07        /        / 07  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Sole Proprietorship ☐ Partnership ☐ Other  
YOUR BUSINESS POSITION \_\_\_\_\_

**> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499 ☐ \$10,001 - \$100,000  
☐ \$500 - \$1,000 ☐ OVER \$100,000  
☐ \$1,001 - \$10,000

**> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

**> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or  
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000        /        / 07        /        / 07  
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED  
☐ Over \$1,000,000

NATURE OF INTEREST  
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold        ☐ Other         
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached



**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

STREET ADDRESS OR PRECISE LOCATION  
2100 16th Street #507

CITY  
Denver, CO 80202

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_/\_\_\_\_\_/07  
ACQUIRED      DISPOSED

NATURE OF INTEREST  
☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
1/0 Christine Sipple - East-West  
Urban Mgt. - \$15,000 (1 Tenant)  
Tenant: Maris Kreloff

STREET ADDRESS OR PRECISE LOCATION  
\_\_\_\_\_

CITY  
\_\_\_\_\_

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_\_/\_\_\_\_\_/07      \_\_\_\_/\_\_\_\_\_/07  
ACQUIRED      DISPOSED

NATURE OF INTEREST  
☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ Other \_\_\_\_\_

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
\_\_\_\_\_  
\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%      ☐ None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable \_\_\_\_\_

NAME OF LENDER\* \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS ACTIVITY OF LENDER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_%      ☐ None      TERM (Months/Years) \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable \_\_\_\_\_

Comments:

Condominium owner in Denver, CO - Bought in  
August 2005

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Leviton Law Group A.P.C.

ADDRESS

520 S. Grand Avenue, Suite 700 <sup>CA</sup>  
<sub>90071</sub>

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

President

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOAN RECEIVED**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments:

Domestic Partner's Law Firm



# SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

➤ NAME OF SOURCE  
Gov. Arnold Schwarzenegger

ADDRESS  
State Capitol Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Governor / State of CA / Employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/12/07</u>	<u>\$81.08</u>	<u>Black leather jacket</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

➤ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_